



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Grand Teton Service Group Inc	Region(s):	7
Agency Type:	Res Hab	Survey Dates:	03/08/17-03/09/17
Certificate(s):	RHA-313	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12)	<p>Three of four employee record review lacked documentation of orientation training.</p> <p>For example: Employee 1, 2 and 3's record lacked documentation of orientation training for Purpose and philosophy of services; Service rules; proper conduct in relating to waiver participants; training specific to the needs of the participant;</p> <p>Employee 3's record lacked documentation of training completed within 6 months for Instructional techniques; managing behaviors;</p>	<p>1. All of the current employees and contractors affected by this deficiency will be re-trained on all of the required training. All newly hired employees will be responsible for completing the orientation training, prior to working with participants. Ongoing training will also be completed by the QIDP every quarter. This training will be documented on the attached training packet, and then it will be placed in each of the employee's files.</p> <p>2. All employee and contractor files will be reviewed to ensure the appropriate documentation, in regard to training or re-training has been completed. The</p>	6/7/2017



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	<p>feeding; communication; mobility; activities of daily living; body mechanics and lifting techniques; housekeeping; maintenance of a clean, safe and healthy environment.</p> <p>In addition, Employee 1, 2, 3's record lacked documentation skill training was provided by a Qualified Intellectual Disabilities Professional (QIDP) for the individuals served. The agency had a training document that quarterly training was conducted for the home, but unable to determine which participants were residing in each home when training occurred.</p>	<p><i>employees that are lacking the appropriate documentation will be retrained on all required training. A copy of the documentation will be placed in all employee files. The staff training policy will be revised to incorporate the above changes.</i></p> <p><i>3. The individuals responsible for implementing each corrective action, will be the QIDP, AQIDP, Hiring Coordinator, Office Manager and Supervisors.</i></p> <p><i>4. The office manager will continue to monitor the employee files quarterly by conducting and documenting quarterly employee file reviews. This will ensure all required training has been completed and documented within six months of employment. If any of the required documentation is missing, the Office Manager will immediately notify the QIDP, AQIDP, and Supervisor. The QIDP will also provide and document initial training and ongoing quarterly training.</i></p>	



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<p>16.04.17.203.02. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 02. Disabilities. Developmental disabilities commensurate with the skills of participants served. (3-20-04)</p>	<p>Three of four employee record review lacked documentation of orientation training.</p> <p>For example: Employee 1, 2 and 3's record lacked documentation of orientation training for developmental disabilities commensurate with the skill of participants served.</p>	<p>1. <i>All of the current employees and contractors affected by this deficiency will be re-trained on all of the required training. All newly hired employees will be responsible for completing the orientation training, prior to working with participants. Ongoing training will also be completed by the QIDP every quarter. This training will be documented on the attached training packet, and then placed in each employee file accordingly.</i></p> <p>2. <i>All employee and contractor files will be reviewed to ensure the appropriate documentation, in regard to training or re-training on developmental disabilities, has been completed. The employees that are lacking the appropriate documentation will be trained on all required training. A copy of the documentation will be placed in all employee files. The orientation policy will</i></p>	<p>6/7/2017</p>



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		<i>be revised to incorporate the above changes. 3. The individual responsible for implementing this corrective action, will be the QIDP for this deficiency. 4. The QIDP will complete and document initial training with all employees. The QIDP will complete and document quarterly training with all staff members in regard to individuals with developmental disabilities and the skills of the participants served.</i>	
16.04.17.203.03. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation	Three of four employee record review lacked documentation of orientation training. For example: Employee 1, 2 and 3's record lacked documentation of orientation training for understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served.	<i>1. All of the current employees and contractors affected by this deficiency will be re-trained on all of the required training. All newly hired employees will be responsible for completing the orientation training, prior to working with participants. Ongoing training will also be completed by the QIDP every quarter. This training will be documented on the attached training</i>	6/7/2017



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agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)		<i>packet, and then it will be placed in each of the employee files accordingly. 2. All employee and contractor files will be reviewed to ensure the appropriate documentation, in regard to training or re-training has been completed. The employees that are lacking the appropriate documentation on participants needs will complete the required training. A copy of the documentation will be placed in all employee files. The staff training policy will be revised to incorporate the above changes. 3. The individual responsible for implementing this corrective action, will be the QIDP for this deficiency. 4. The QIDP will review and document with all new employees on the attached orientation packet, which will include the understanding of participant needs, desires, goals, and objectives of participants served by reviewing the</i>	



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		<i>participants ISP's. The QIDP will complete quarterly training with all employees on the ISP's. This training will be documented and placed in the employees' file.</i>	
16.04.17.203.04. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 04. Supervision. Appropriate methods of supervision. (7-1-95)	Three of four employee record review lacked documentation of orientation training. For example: Employee 1, 2 and 3's record lacked documentation of orientation training for appropriate methods of supervision.	1. <i>All of the current employees and contractors affected by this deficiency will be re-trained on all of the required training. All newly hired employees will be responsible for completing the orientation training, prior to working with participants. Ongoing training will also be completed and documented by the QIDP every quarter. This training will be documented on the attached training packet, and then it will be placed in each of the employee's files.</i> 2. <i>All employee and contractor files will be reviewed to ensure the appropriate documentation, in regard to training or re-training has been completed. The employees that are lacking the appropriate documentation on</i>	6/7/2017



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		<i>appropriate methods of supervision will complete the required training. A copy of the documentation will be placed in all employee files. The orientation policy will be revised to incorporate the above changes.</i> <i>3. The individual responsible for implementing this corrective action, will be the QIDP for this deficiency.</i> <i>4. The QIDP will complete and document initial training with all employees. The QIDP will complete quarterly training with all staff members in regard to appropriate methods of supervision and the skills of the participants served.</i>	
16.04.17.203.05. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to	Three of four employee record review lacked documentation of orientation training. For example: Employee 1, 2 and 3's record lacked documentation of orientation training for Review of Services. A review of the	<i>1. All of the current employees and contractors affected by this deficiency will be re-trained on all of the required training. All newly hired employees will be responsible for completing the orientation training, prior to working with participants. The QIDP will also complete and document quarterly</i>	<i>6/7/2017</i>



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accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: 05. Review of Services. A review of the specific services that the participant requires. (3-20-04)	specific services that the participant requires.	<i>training with all employees. This training will be documented on the attached training packet, and then it will be placed in each of the employee's files. 2. All employee and contractor files will be reviewed to ensure the appropriate documentation, in regards to training or re-training has been completed. The employees that are lacking the appropriate documentation on review of the specific services that the participant requires will complete the required training. A copy of the documentation will be placed in all employee files. The orientation policy will be revised to incorporate the above changes. 3. The individual responsible for implementing this corrective action, will be the QIDP for this deficiency. 4. The QIDP will complete and document initial training with all employees. The QIDP will complete quarterly training with all staff members in regards to the</i>	



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		<i>specific services that the participant requires.</i>	
<p>16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)</p>	<p>Three of eighteen employee record review lacked documentation the agency verified the employee satisfactorily completed a criminal history check in accordance with IDAPA 16.05.06.</p> <p>For example: Employee 7's date of hire was 07/29/16, the employee had a Dept. of Health & Welfare criminal history check for another agency dated 07/15/15, but the agency did not add it to their agency until 03/08/17 and a local Idaho State Police check was not submitted until 03/08/17. The employee has not cleared as of survey date. Employee 10's date of hire was 08/22/16, the employee had a Dept. of Health & Welfare criminal history check for another agency dated 06/23/15, the local Idaho State Police check was not</p>	<p><i>1. All new employees will be required to complete an updated Department of Health and Welfare Criminal History background check. The Hiring Coordinator will transfer any new employees background check that is current. An Idaho State Police check will also be completed at this time. This process will be complete upon hire. If an employee does not have a Department of Health and Welfare Criminal History background check, they will be suspended until one has been completed. If the employee does have a background check completed, but has not been transferred to Grand Teton Service Group or had an ISP check done, the employee will be suspended until it is completed. Our agency will follow the Criminal History rules stated in IDAPA 16.05.06.</i></p>	6/7/2017



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	sent until 09/21/16 and the ISP did not clear until 10/18/16. The agency did not add the Dept. of Health & Welfare check for another agency to their agency until 03/08/17.	<p>2. All employee and contractor files will be reviewed to ensure a Criminal History check and clearance letter are located in their employee files. If one is not found that is outside of the 21-day requirement, the employee will be immediately suspended until a clearance letter has been received. If a background check has been transferred, but there is no Idaho State Police check form in the employee file, the employee will be required to complete this and be submitted for processing.</p> <p>3. The individuals responsible for implementing each corrective action, will be the QIDP, Hiring Coordinator, and the Office Manager.</p> <p>4. The office manager will continue to monitor the employee files quarterly by conducting and documenting quarterly employee file reviews. This will ensure all required training has been completed within six months of employment. If any</p>	



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		<i>of the required documentation is missing, the Office Manager will immediately notify the QIDP and the Hiring Coordinator. The appropriate actions will be taken, depending on the documentation that is missing.</i>	
16.04.17.302.05. 302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	Four of four participant record review lacked evidence the agency submitted semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. For example: Participant 1, 2, 3 and 4's record lacked documentation the Provider Status Reviews were submitted to the plan monitor.	<i>1. The QIDP will resubmit and document all semiannual and annual Provider Status Reviews to the Service Coordinators. 2. The QIDP will sign and document when the semiannual and annual PSR are submitted to the Service Coordinator. A copy will be placed in the participant file. 3. The individual responsible for implementing this corrective action for this deficiency will be the QIDP. 4. The QIDP will conduct quarterly chart reviews to ensure that the semiannual and annual status review forms have been submitted to the Service</i>	<i>6/7/2017</i>



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		<i>Coordinator, and that documentation is in the participant file.</i>	
16.04.17.400.02.h. 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: h. Results of a history and physical when necessary. (7-1-95)	Two of four participant record review lacked documentation of the results of a history and physical. For example: Participant 1 and 2's record lacked documentation of the results of a history and physical.	<i>1. The current history and physical has been requested and obtained for the participant's whose records lacked documentation. 2. A quarterly record review will be completed by the QIDP to ensure that all participants have a current health and physical. If a participant is missing documentation of a current health and physical, the nursing department will request a copy of the documentation of the health and physical. If a participant needs an updated health and physical, the nursing department will immediately schedule an appointment with their primary care physician. 3. The Nurse Department and the QIDP will be responsible for implementing each corrective action. 4. The QIDP will complete a quarterly record review to ensure that all</i>	<i>6/7/2017</i>



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		<i>participants have a current history and physical documented in their record. The nursing department will be immediately notified if a participant is lacking the documentation of the results of the history and physical. The nursing department will request all documentation from the Primary Care Physician of the history and physical. Documentation of the requests made will be placed in the participants records. The nursing department staff will be required to follow up with the Physician on a weekly basis, until the documentation is received.</i>	
16.04.17.405.01. 405. The residential habilitation agency must develop and implement written policies and procedures including definitions that prohibit mistreatment, neglect or abuse of the participant to include at least the following: 01. Interventions. Positive behavior interventions must be used prior to and in	One of four participant record review lacked evidence the agency ensures the policies and procedures addressing Positive behavior intervention is implemented. For example:	<i>1. The QIDP will conduct behavior assessments on all participants. The behavior assessment will address the use of positive behavioral supports and interventions that were used, prior to, and in conjunction with the use of the restrictive intervention. If the treatment team feels that more restrictive</i>	<i>6/7/2017</i>



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conjunction with, the implementation of any restrictive intervention. (3-20-04)	Participant 2's record lacked evidence positive behavior interventions were used prior to and in conjunction with the use of restrictive intervention. On 02/18/17 the documentation states Participant was mad at his female staff "because staff would not let him have a caffeinated soda per Male staff's instructions. The participant yelled at the female staff and punched the male staff in the face. The male staff had the participant pick out his consequences for his behavior. The consequences are loss of phone privileges for 24 hours; no community outings for 24 hours; or loss of one scheduled visitation for the week. Based upon agency documentation the antecedent was the staff not letting him have a soda that he was already told by the male staff he could have and no positive behavior interventions appeared to be implemented during the incident.	<i>interventions need to be incorporated into a participants behavior intervention plan, they will meet to decide which intervention would be appropriate based off of the positive behavioral supports and interventions that had been attempted.</i> <i>2. A behavioral assessment will be completed on all participants. Based off of the findings of the assessment, behavior programs will be revised to incorporate positive behavior supports and interventions. If the treatment team finds that more restrictive behavioral interventions are needed, documentation of the positive behavioral supports and interventions attempted will be placed in the participants record.</i> <i>3. The QIDP will be responsible for implementing the corrective action. The QIDP will complete and document staff training on the updated behavior programs.</i>	



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		4. The QIDP will complete annual assessments, unless there is an increase in behavior or a change in behaviors. The treatment team will then meet to discuss the needs for reassessment.	

Agency Representative & Title: Kami Decker- Qualified Intellectual Disabilities Professional <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/26/2017
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 4/4/2017